Wisconsin Medicaid Companion Document to HIPAA Implementation Guide:
X12 270/271 Eligibility, Coverage, or Benefit Inquiry and Response
(Batch Process)

Companion Document Audience

Companion documents are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Purpose of Companion Documents

The information contained in this companion document applies to Wisconsin Medicaid, BadgerCare, and SeniorCare, although the companion document only refers to Wisconsin Medicaid.

The companion documents are designed to be used with HIPAA Implementation Guides. Companion documents provide Wisconsin Medicaid-specific information that details the way to create HIPAA transactions for Wisconsin Medicaid and explains how Wisconsin Medicaid creates HIPAA transactions. Companion documents clarify the HIPAA-designated standards usage but are not intended to supercede them. The purpose of companion documents is to provide trading partners with a guide to communicate the Wisconsin Medicaid-specific information required to successfully exchange transactions electronically with Wisconsin Medicaid.

Wisconsin Medicaid will accept and process any HIPAA-compliant transaction. However, a compliant transaction that doesn't contain Wisconsin Medicaid-specific information, though processed, may be denied for payment. For example, a compliant 837 claim created without a Wisconsin Medicaid recipient identification number will be processed by Wisconsin Medicaid, but will be denied payment.

Companion documents highlight the data elements significant for Wisconsin Medicaid. For transactions created by Wisconsin Medicaid, companion documents explain how certain data elements are processed. Please refer to the companion document first if there is a question about how Wisconsin Medicaid processes a HIPAA transaction. For further information, contact the Division of Health Care Financing (DHCF) Electronic Data Interchange (EDI) Department at (608) 221-9036.

Terminology

The term subscriber will be used as a generic term throughout the companion document. This term could refer to any one of the following depending upon the health program for which the transaction is being processed:

- Wisconsin Medicaid recipient.
- Wisconsin Chronic Disease Program (WCDP) recipient.
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Search Criteria

The following are criteria upon which subscriber searches can be based. At least one of these combinations of subscriber data must be present in a 270 inquiry to support the generation of a 271 response:

1. PAN (primary account number).
2. Medicaid identification number (MAID).
3. Social Security number, date of birth.
4. Last name, first name, date of birth.
5. Last name, first name, Social Security number.

If the search for a subscriber is unsuccessful, the subscriber's identifying information such as name, birthdate, and Social Security number will be returned in the 271 response as it was received on the 270 inquiry.

If the search for a subscriber is successful, the subscriber's identifying information contained in the 271 response will be taken from the applicable eligibility file. In the case that the source data differs from the data sent in an inquiry, notification will be sent in the response that a change has been made to one or more of the fields that was received. This will be indicated in the INS segment of the 2100C loop.

Acceptable Characters

All alpha-characters used in 270 transactions must be in an uppercase format. All names on Wisconsin Medicaid's files are stored in uppercase format. Therefore, inquiries containing lowercase characters could result in unnecessary rejections. All alpha-characters used in the 271 transactions will also be in an uppercase format.

The 270 transaction must not contain any carriage returns nor line feeds; the data must be received in one, continuous stream.

Patient Limit

Please limit the number of patient inquiries per 270 transaction set to 99. One transaction set includes all data between and including a Transaction Set Header (ST) segment and Transaction Set Trailer (SE) segment. The response system will attempt to provide one response transaction set per inquiry transaction set. However, due to size constraints, responses to unusually large inquiries may be broken into multiple response transaction sets.

Acknowledgements

An accepted 997 acknowledgement, rejected 997 acknowledgement, or rejected TA1 acknowledgement will be generated in response to all submitted files. Trading partners are responsible for retrieving acknowledgments from the EDI Web site to determine the status of their files. E-mails will be generated for trading partners with a valid e-mail address on file as a notification that a 997 reject or TA1 acknowledgement has been generated.

Companion documents for the 997 and TA1 acknowledgements are available on the Wisconsin Medicaid Web site.

271 Interpretation Guidelines

The following five types of eligibility and benefit information can be returned in Wisconsin Medicaid's eligibility response (271 transaction):

- Wisconsin health care eligibility (Medicaid).
- Medicare coverage.
- Medicaid managed care program enrollment.
- Lock-In Status.
- Private Insurance Coverage.

It is important that all aspects of a subscriber's eligibility and benefits are considered when reading an eligibility response. This is important because Wisconsin Medicaid is a payer of last resort. The simple fact that a subscriber is eligible for Wisconsin Medicaid does not always indicate that Wisconsin Medicaid should be billed for services rendered. If a subscriber has coverage through private insurance, Medicare, or Medicaid managed care, services should be billed accordingly. For questions regarding appropriate billing procedures, providers should refer to their Wisconsin Medicaid handbooks.

All eligibility and benefit information is accompanied by effective dates. It is important that effective dates are considered in combination with the dates of service submitted in the inquiry. If eligibility information is requested for a range of dates, it is possible that the subscriber's coverage may vary at times throughout the range of service dates.

Version 2 Revision Log

270/271
Approved: 9/22/2005
Modified by: RJB

Loop/Segment Revised	Page(s) Revised	Text Revised
2110C / MSG	17	This field has been updated to reflect that in some cases specific coverage information will be described. In conjunction with private insurance coverage, the MSG segment will contain a message describing the coverage flag (when applicable) listed in EB03.
2110C / EB03	22	Adjusted the description to show the specific coverage flags that can appear in this field.

VERSION 3 REVISION LOG

270/271
Approved: 2/10/2006
Modified by: RJB

Loop/Segment Revised	Page(s) Revised	Text Revised
2110C / EB03		An additional value has been added to instruct the provider that the subscriber has third party prescription drug coverage (specifically for Medicare Part D).
2110C / EB04		An additional value has been added to instruct the provider that the subscriber has third party prescription drug coverage (specifically for Medicare Part D).
2110C / MSG	15	A message has been added to this field to indicate that the recipient has Medicare Prescription Coverage.

X12 270 Eligibility Inquiry

Loop	Element	Name	Instructions
	ISA	Interchange Control Header	The ISA is a fixed-length record with fixed length fields. *Note:* Deviating from the standard's ISA element sizes will cause the interchange to be rejected.
	ISA05	Interchange ID (Sender) Qualifier	Enter the value "ZZ," which is mutually defined.
	ISA06	Interchange Sender ID	Enter the eight-digit numeric vendor number assigned by Wisconsin Medicaid.
	ISA07	Interchange ID (Receiver) Qualifier	Enter the value "ZZ," which is mutually defined.
	ISA08	Interchange Receiver ID	Enter "WISC_DHFS."
	ISA13	Interchange Control Number	The interchange control number assigned in ISA13 must be identical to the value in IEA02. If these numbers do not match, the transaction will not be processed.
	ISA16	Component Element Separator	Wisconsin Medicaid recommends the use of a colon ":" in this field.

Loop	Element	Name	Instructions
	GS02	Application Sender's Code	Enter the same value as ISA06, the eight-digit numeric vendor number assigned by Wisconsin Medicaid.
	GS03	Application Receiver's Code	Enter "WISC_TXIX" for Wisconsin Medicaid.
	GS06	Group Control Number	The group control number assigned in GS06 must be identical to the value in GE02. If these numbers do not match, the interchange will not be processed.
	GS08	Version / Release / Industry Identifier Code	Enter the value "004010X092A1" to indicate the HIPAA-mandated implementation guide release for this transaction. *Note:* This code represents the HIPAA Implementation Guide with the most recent addenda changes. Using an earlier guide, without the most recent addenda changes, does not comply with the HIPAA rule and will cause the transaction to be rejected.
	ST02	Transaction Set Control Number	The transaction set control number assigned in ST02 must be identical to the value in SE02. If these numbers do not match, the transaction will not be processed. Start with a number, for example "0001," and increment with each subsequent transaction set. This number must be unique within an interchange, but can repeat in other interchanges.
	BHT03	Reference Identification	Make this identifier unique to a single transaction (ST to SE envelope). Repeating a value will cause the transaction to be rejected. It is recommended that a value with an easily identifiable pattern is used to aid research (e.g., "ANY_GROUP_PRACTICE_20031016" or "ANY GROUP PRACTICE #00001").
2100A	NM101	Entity Identifier Code	Enter "PR" to indicate payer.
2100A	NM102	Entity Type Qualifier	Enter "2" to indicate a non-person entity.
2100A	NM108	Identification Code Qualifier	Enter "PI" to indicate payer identification.
2100A	NM109	Identification Code	Enter "WISC_TXIX" for Wisconsin Medicaid.

Loop	Element	Name	Instructions
2100B	NM108	Identification Code Qualifier	Enter "SV" to indicate the service provider number.
2100B	NM109	Identification Code	Enter the information receiver's Wisconsin Medicaid provider identification number.
2100B	REF	Information Receiver Additional Information	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100B	N3	Information Receiver Address	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100B	N4	Information Receiver City/State/ZIP	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100B	PER	Information Receiver Contact Info	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100B	PRV	Provider Segment	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2000C	TRN	Subscriber Trace Number	This segment may be used to assign a trace number to a transaction. 271 responses will contain as many TRN segments as were present on the received 270 inquiry as well as an additional segment originated by the information source.
2000C	TRN02	Reference Identification	Use this field to assign a unique trace or reference number for this transaction.
2000C	TRN03	Originating Company Identifier	Use this field for an identification number of the entity that originated the reference identification in TRN02.
2100C	NM101	Entity Identifier Code	Enter "IL" to indicate insured or subscriber.

Loop	Element	Name	Instructions
2100C	NM102	Entity Type Qualifier	Enter "1" to indicate person.
2100C	NM103	Last Name or Organization Name	Enter the subscriber's last name.
2100C	NM104	First Name	Enter the subscriber's first name.
2100C	NM108	Identification Code Qualifier	Enter "MI" to indicate member identification number.
2100C	NM109	Identification Code	Enter the subscriber's member identification number.
2100C	REF	Subscriber Additional Information	The REF segment can be used to return either the subscriber's Social Security number or the subscriber's PAN number. The REF segment can be repeated if both numbers will be sent.
2100C	REF01	Reference Identification Qualifier	If providing the subscriber's Social Security number, use "SY." If providing the subscriber's PAN number, use "HJ."
2100C	REF02	Reference Identification	Enter either the subscriber's identification card number or Social Security number as qualified by field REF01.
2100C	N3	Subscriber Address	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100C	N4	Subscriber City/State/ZIP	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100C	PRV	Provider Information	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100C	DMG	Subscriber Demographic Information	The DMG segment should only be used if the subscriber's date of birth is to be provided.
2100C	DMG01	Date Time Period Format Qualifier	Enter "D8" to indicate a single date.
2100C	DMG02	Date Time Period	Enter the subscriber's date of birth in the format YYYYMMDD.

Loop	Element	Name	Instructions
2100C	INS	Subscriber Relationship	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100C	DTP	Subscriber Date	The DTP segment can be used to specify a date or range of dates for which eligibility will be verified. If no DTP segment is present, the recipient's eligibility will be provided for the date the transaction is processed.
2100C	DTP01	Date Time Qualifier	Enter "307" to indicate eligibility.
2100C	DTP02	Date Time Period Qualifier	Enter one of the following values: • "D8" — Indicates that DTP03 will contain a single date. • "RD8" — Indicates that DTP03 will contain a range of dates.
2100C	DTP03	Date Time Period	Enter the date(s) of inquiry for the subscriber's benefits.
2110C	EQ01	Service Type Code	Enter "30" to indicate health benefit plan coverage.
2110C	AMT	Subscriber Spenddown Amount	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2110C	III	Subscriber Eligibility or Benefit Additional Inquiry Information	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2110C	REF	Subscriber Additional Information	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2110C	DTP	Subscriber Eligibility/Benefit Date	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.

Loop	Element	Name	Instructions
2000D		Dependent Level	Because each subscriber and each of his/her dependents is assigned a unique identification number, dependents are treated as subscribers in the Wisconsin Medicaid system. Thus, there is no need to submit any data at the dependent level. Any data submitted at the dependent level will not be used in processing the inquiry.
	GE01	Number of Transaction Sets Included	Enter the number of transaction sets included in the interchange.
	GE02	Control Group Number	The value in this field must be identical to the number assigned in field GS06.
	IEA01	Number of Included Functional Groups Included in an Interchange	The number in this field is a count of the "GS" records created. This must always be a value of "1."
	IEA02	Interchange Control Number	The number in this field must be identical to the number entered in ISA13.

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Loop	Element	Name	Instructions
	ISA	Interchange Control Header	The ISA is a fixed-length record with fixed-length fields.
	ISA05	Interchange ID (Sender) Qualifier	This field will contain a value of "ZZ" to indicate mutually defined.
	ISA06	Interchange Sender ID	This field will contain "WISC_DHFS."
	ISA07	Interchange ID (Receiver) Qualifier	This field will contain a value of "ZZ" to indicate mutually defined.
	ISA08	Interchange Receiver ID	This field will contain the eight-digit numeric vendor number assigned by Wisconsin Medicaid.
	ISA13	Interchange Control Number	Wisconsin Medicaid will assign a number in this field to be used as a distinct tracking number.
	ISA16	Component Element Separator	This field will contain a colon.
	GS02	Application Sender's Code	This field will contain "WISC_TXIX" for Wisconsin Medicaid.
	GS03	Application Receiver's Code	This field will contain the same value as ISA08, which is the eight-digit numeric vendor number assigned by Wisconsin Medicaid.
	GS08	Version / Release / Industry Identifier Code	This field will contain a value of "004010X092A1," which indicates the HIPAA-mandated implementation guide release for this transaction. *Note:* The Implementation Guide used to create this HIPAA transaction incorporates the most recent HIPAA addenda changes.
	BHT03	Reference Identification	The value in this field will be identical to the unique transaction identifier received in the BHT03 field of the 270 inquiry.
2000A	HL01	Hierarchical ID Number	This field will contain a value of "1."
2000A	HL04	Hierarchical Child Code	This field will contain a value of "1," indicating that additional subordinate hierarchical levels exist.
2000A	AAA	Request Validation	This segment will be used in the response if the Medicaid eligibility files were unavailable at the time of processing.

Loop	Element	Name	Instructions
2000A	AAA03	Reject Reason Code	This field will contain "42" to indicate that Wisconsin Medicaid is unable to respond at the current time.
2000A	AAA04	Follow-up Action Code	This field will contain "P" to indicate that the inquiry must be resubmitted.
2100A	NM101	Entity Identifier Code	This field will contain "PR" to indicate payer.
2100A	NM102	Entity Type Qualifier	This field will contain "2" to indicate non-person entity.
2100A	NM103	Last Name or Organization Name	This field will contain "WI MEDICAID."
2100A	NM108	Identification Code Qualifier	This field will contain "PI" to indicate payer identification.
2100A	NM109	Identification Code	This field will contain "WI MEDICAID."
2100A	REF	Information Source Additional Information	This segment will not be returned.
2100A	PER	Information Source Contact Information	This segment will contain Wisconsin EDI Helpdesk information.
2100A	PER01	Contact Function Code	This field will contain "IC" to indicate information contact.
2100A	PER02	Name	This field will contain the name of the applicable Wisconsin health care program.
2100A	PER03	Communication Number Qualifier	This field will contain "TE" to indicate telephone.
2100A	PER04	Communication Number	This field will contain the telephone number for the associated entity identified in PER02.
2100A	AAA	Request Validation	This segment will be populated if an error was detected in the 2100A loop of the 270 inquiry.
2100A	AAA03	Reject Reason Code	This field will contain "79" to indicate that an invalid participant identification has been entered in loop 2100A, field NM109 of the 270 inquiry.

Loop	Element	Name	Instructions
2100A	AAA04	Follow-up Action Code	This field will contain "C" to indicate that there was a problem with the inquiry. The inquiry must be corrected and resubmitted.
2000B	HL01	Hierarchical ID Number	This field will contain a value of "2."
2000B	HL02	Hierarchical Parent ID Number	This field will contain a value of "1," indicating that this hierarchical level is subordinate to the Information Source HL.
2000B	HL04	Hierarchical Child Code	This field will contain a value of "1," indicating that additional subordinate hierarchical levels exist.
2100B	NM1	Information Receiver Name	The values returned to the receiver in this segment will be identical to the values sent by the information receiver in the 270 inquiry.
2100B	REF	Information Receiver Additional Identification	This segment will not be returned.
2100B	AAA	Request Validation	This segment will be populated if there was a problem with the inquiry's 2100B, NM1, receiver name segment.
2100B	AAA03	Reject Reason Code	This field will contain "51" to indicate that the provider is not contained in the information source's files.
2100B	AAA04	Follow-up Action Code	This field will contain "C" to indicate that there was a problem with the inquiry. The inquiry must be corrected and resubmitted.
2000C	HL01	Hierarchical ID Number	The first occurrence of this field at the 2000C level will contain a value of "3." With each subsequent subscriber loop, this value will increment by one.
2000C	HL02	Hierarchical Parent ID Number	This field will contain a value of "2," indicating that this hierarchical level is subordinate to the Information Receiver HL.
2000C	HL04	Hierarchical Child Code	This field will contain a value of "0" indicating that no subordinate hierarchical levels exist.
2000C	TRN	Subscriber Trace Number	This segment will be used to return the trace number received in the associated subscriber loop of the inquiry as well as to assign a unique Wisconsin Medicaid trace number.

Loop	Element	Name	Instructions
2100C	NM101	Entity Identifier Code	This field will contain "IL" to indicate insured or subscriber.
2100C	NM102	Entity Type Qualifier	This field will contain "1" to indicate person.
2100C	NM103	Last Name or Organization Name	This field will contain the subscriber's last name.
2100C	NM104	First Name	This field will contain the subscriber's first name.
2100C	NM108	Identification Code Qualifier	This field will contain "MI" to indicate member identification number.
2100C	NM109	Identification Code	This field will contain the subscriber's member identification number. This is the Medicaid ID or MAID.
2100C	REF01	Reference Identification Qualifier	This field can contain one of the following values based upon the information received in the inquiry: • "HJ" — Indicates that the subscriber's identity card number will be returned in REF02. • "SY" — Indicates that the subscriber's Social Security number will be returned in REF02.
2100C	REF02	Reference Identification	This field can contain either the subscriber's identity card number or Social Security number as qualified by REF01.
2100C	N3	Subscriber Address	This segment will be used to indicate a subscriber's street address. The address will appear as it is contained in the information source's files, regardless of what is received in the inquiry.
2100C	N4	Subscriber City/State/ZIP	This segment will be used to indicate a subscriber's additional address information. The information will appear as it is contained in the information source's files, regardless of what is received in the inquiry.
2100C	PER	Subscriber Contact Information	This segment will not be returned.
2100C	AAA	Subscriber Request Validation	This segment will be used to report any errors detected in the associated 2100C loop of the inquiry.

Loop	Element	Name	Instructions
2100C	AAA03	Reject Reason Code	This field will contain one of the following values: • "15" — Required application data missing. • "57" — Invalid/missing dates of service. • "58" — Invalid date of birth. • "60" — Date of birth follows date(s) of service. • "61" — Date of death precedes date(s) of service. • "62" — Date of service not within allowable inquiry period. • "63" — Date of service in future. • "72" — Invalid subscriber ID. • "75" — Subscriber not found. • "76" — Duplicate subscriber information found.
2100C	AAA04	Follow-up Action Code	This field will contain "C" to indicate that there was a problem with the inquiry. The inquiry must be corrected and resubmitted.
2100C	DMG01	Date Time Period Format Qualifier	This field will contain "D8" to indicate that a date will be expressed in the format YYYYMMDD in DMG02.
2100C	DMG02	Date Time Period	This field will contain the subscriber's date of birth in the format YYYYMMDD.
2100C	DMG03	Gender Code	• "F" — Female. • "M" — Male. • "U" — Unknown.
2100C	INS	Subscriber Relationship	This segment will be returned if the inquiry contains subscriber information that differs from Wisconsin Medicaid's files. Possible discrepancies are the subscriber's name or date of birth.
2100C	DTP	Subscriber Date	This segment will not be populated.

Loop	Element	Name	Instructions
2110C	EB	Subscriber Eligibility or Benefit Information	Multiple EB segments may be used to communicate coverage information during the time period indicated in the related DTP segment. The following types of information will be communicated here: • Medicaid coverage. • Medicare coverage. • Private insurance. • Medicaid managed care program enrollment. • Lock-in information. See Attachment 1 for more information.
2110C	HSD	Health Care Services Delivery	This segment will not be returned.
2110C	REF	Subscriber Additional Information	The REF segment will occur at this level of the response in association with Medicare coverage to provide the health insurance claim (HIC) number or in association with private insurance coverage to provide the policy number and group number. Each private insurance policy will have an associated policy number and may or may not have an associated group number.
2110C	REF01	Reference Identification Qualifier	This field will contain one of the following qualifiers: • "6P" — Group number. • "IG" — Insurance policy number. • "F6" — Health insurance claim (HIC) number.
2110C	REF02	Reference Identification	This field will contain the subscribers group number, policy number, or HIC number as qualified by REF01.
2110C	DTP01	Date/Time Qualifier	This field will contain "307" to indicate eligibility.

Loop	Element	Name	Instructions
2110C	DTP02	Date Time Format Qualifier	This field will contain one of the following values: • "D8" — Indicates that a date will be expressed in the format YYYYMMDD in DTP03. • "RD8" — Indicates that a range of dates will be expressed in the format YYYYMMDD-YYYYMMDD in DTP03.
2110C	DTP03	Date Time Period	This field will contain the date or dates related to the eligibility or benefit information in the 2110C loop.
2110C	AAA	Subscriber Request Validation	This segment will not be returned.

Loop	Element	Name	Instructions
2110C	MSG	Message Text	This segment can contain a number of different messages that describe a subscriber's benefits/status: • If the subscriber's primary account number (PAN) shows a status of lost/stolen card, the MSG segment will contain a message indicating that status. • In conjunction with Medicaid eligibility, the MSG segment will be used to provide a description of the subscriber's medical status code. • In conjunction with Medicaid eligibility, the MSG segment will contain a message if the subscriber has additional eligibility that has not been displayed. • If the subscriber resides in a Health Personnel Shortage Area (HPSA), the MSG segment will indicate "HPSA RECIPIENT." • In conjunction with managed care program enrollment information, the MSG segment will contain messages associated with certain program enrollments. • In conjunction with private insurance, the MSG segment will instruct the provider to call the carrier for coverage information. • In conjunction with private insurance coverage, the MSG segment will contain a message if the subscriber has additional coverage that has not been displayed.
2110C	III	Subscriber Additional Information	This segment will not be returned.
2110C	LS	Loop Header	This segment will be used only when a 2120C loop will be generated.
2110C	LS01	Loop Identifier Code	This field will contain the value "2120."
2120C	NM1	Subscriber Benefit Related Entity Name	This segment will provide identifying information regarding any lock-in providers, private insurance companies, or managed care providers identified in the EB segment.

Loop	Element	Name	Instructions
2120C	NM101	Entity Identifier Code	This field will contain one of the following values: • "1P" — Indicates that the 2120C loop will contain lock-in information. • "PRP" — Indicates that the 2120C loop will contain private insurance or managed care program information.
2120C	NM103	Last Name or Organization Name	This field will contain the name of the entity identified in NM101.
2120C	NM108	Identification Code Qualifier	When Medicaid managed care information is being returned, this field will contain "SV," indicating service provider.
2120C	NM109	Identification Code	When Medicaid managed care information is being returned, this field will contain the managed care program's HMO code.
2120C	N3	Subscriber Benefit Related Entity Address	This segment will be used to indicate street address information for insurance companies.
2120C	N4	Subscriber Benefit Related City/State/ZIP	This segment will be used to indicate additional address information for insurance companies.
2120C	PER	Subscriber Benefit Related Contact Information	This segment will provide telephone numbers for managed care programs and lock-in providers.
2120C	PRV	Subscriber Benefit Related Provider Information	This segment will not be returned.
2110C	LE01	Loop Identifier Code	If loop 2120C is present, this field will contain the value "2120."
	GE01	Number of Transaction Sets Included	This field will contain the number of transaction sets included in the interchange.
	GE02	Control Group Number	The value in this field will be identical to the number assigned in field GS06.
	IEA01	Number of Functional Groups Included in an Interchange	This field will contain the number of functional groups included in the interchange.
	IEA02	Interchange Control Number	The number in this field will be identical to the number entered in ISA13.

Attachment 1
270/271 Eligibility, Benefit, or Coverage Inquiry and Response Notes

The EB segment of the 2110C loop in the 271 eligibility response can contain many different types of information relating to the subscriber and can repeat several times. The following grids show the different types of information that can be returned in the EB segment.

Wisconsin Health Care Eligibility

Medicaid eligibility must be considered in conjunction with all other indicated benefits for appropriate billing. See "271 Interpretation Guidelines" on page 4 for more details.

Loop	Element	Name	Instructions
2110C	EB01	Eligibility or Benefit Information	This field will contain one of the following values: • "1" — Indicates active coverage. • "6" — Indicates inactive coverage. • "T" — Indicates card reported lost or stolen. If this value is returned in EB01, the EB segment will be immediately terminated and EB02-EB04 will not be present.
2110C	EB02	Coverage Level Code	This field will contain the value "IND" to indicate individual.
2110C	EB03	Service Type Code	If active coverage is indicated in EB01, this field will contain the value "30" to indicate health benefit plan coverage.
2110C	EB04	Insurance Type Code	This field will contain the value "MC" to indicate that Wisconsin Medicaid is the coverage being referenced.

Medicare

Loop	Element	Name	Instructions
2110C	EB01	Eligibility or Benefit Information	This field will contain the value "R" to indicate other or additional payer.
2110C	EB02	Coverage Level Code	This field will contain the value "IND" to indicate individual.
2110C	EB03	Service Type Code	This field will contain a value indicating what type of coverage is available from the subscriber's Medicare coverage: • 30 — Indicates health benefit plan coverage, such as Medicare part A or B • 88 — Indicates pharmacy plan coverage, such as Medicare Prescription Drug Coverage.
2110C	EB04	Insurance Type Code	This field will contain one of the following values: • "MA" — Indicates that Medicare Part A is the coverage being referenced. • "MB" — Indicates that Medicare Part B is the coverage being referenced. • "OT" — Indicates Medicare Prescription Drug coverage when preceded by service type code 88 and followed by the MSG segment "Medicare Part D"
2110C	MSG01	Free-Form Message Text	This field will contain the value "Medicare Part D" to indicate Medicare Prescription Drug Coverage.

Medicaid Managed Care Program

This structure will be used for Family Care, Medicaid-contracted HMOs, and special managed care programs.

Loop	Element	Name	Instructions
2110C	EB01	Eligibility or Benefit Information	This field will contain the value "MC" to indicate managed care coordinator.
2110C	EB02	Coverage Level Code	This field will contain the value "IND" to indicate individual.
2110C	EB03	Service Type Code	This field will be populated if the subscriber's managed care program covers either dental or chiropractic procedures. This field will contain either: • "33" — Indicates the managed care program includes chiropractic coverage. • "35" — Indicates the managed care program includes dental coverage. If the subscriber's managed care program covers both chiropractic and dental procedures, the EB segment will be repeated, indicating both coverage codes.
2110C	EB04	Insurance Type Code	This field will contain the value "HM" to indicate HMO.

Lock-In

Loop	Element	Name	Instruction
2110C	EB01	Eligibility or Benefit Information	This field will contain the value "N" to indicate service restricted to the following provider.
2110C	EB02	Coverage Level Code	This field will contain the value "IND" to indicate individual.
2110C	EB03	Service Type Code	This field will contain one of the following values, indicating the category for which the subscriber is locked in: • "35" — Dental Care. • "45" — Hospice. • "88" — Pharmacy.
2110C	EB04	Insurance Type Code	This field will contain the value "OT" to indicate other.

Private Insurance

Loop	Element	Name	Instructions
2110C	EB01	Eligibility or Benefit Information	This field will contain the value "R" to indicate other or additional payer.
2110C	EB02	Coverage Level Code	This field will contain the value "IND" to indicate individual.
2110C	EB03	Service Type Code	This field will contain the value "30" to indicate health benefit plan coverage.
2110C	EB04	Insurance Type Code	This field will contain the value "OT" to indicate other.